U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 301	2. Fiscal Year Covered From:				
	1 / 1 / 2004 Through: 12 / 31 / 2004				
3. Name and address of person filing.	4. Name, file number, and address of labor organization.				
Name CHARLES F HENSON	Name SHEET METAL WORKES INTERNATIONAL ASSOCIATION				
	Labor Organization File Number 0000 23				
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any				
Street 6406 ELM WAY	Street 1750 NEW YORK AVE N.W.				
City CLINTON	City WASHINGTON				
State Maryland ZIP Code + 4 20735	State District of Columbia ZIP Code + 4 20006				
5. Position in labor organization.					
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. Name Trade Name, if any:	sions set forth in the instructions): derived income or other economic benefit of				
P.O. Box, Bldg., Room No., if any	7.b. Amount.				
Street					
City					
State ZIP Code + 4					
Signature					
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					
Signed Lines 3. There	On 8/01/2005 202/662-0831				
	Date Telephone Number				

Name of Person Filing CHARLES HENSON		File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organiza b. Trust c. Employer	tion			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such deali N/A 11.b. Approximate dollar valu 12.a. Nature of interest hel N/A 12.b. Amount.	ue of such dealing.			
C. Received from any employer (other than an employer covered unde	r parts A and B above)		*		
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name NATIONAL ENERGY MANAGEMENT INS. COMM. PAGE. Trade Name, if any: SHEET METAL WORKERS P.O. Box, Bldg., Room No., if any SUITE 250 Street 601 NORTH FAIRFAX STREET City ALEXANDRIA State Virginia ZIP Code + 4 22314	14.a. Nature of payment. ATTENDING BUSINES CERTIFICATION BOA		3 1		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		\$1,191		

Name of Person Filing CHARLES HENSON		File Number U -			
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8. Name and address of Business (including trade name, if any).	9. Business deals with:				
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Trade Name, if any:	a. Labor Organization b. Trust c. Employer				
P.O. Box, Bldg., Room No., if any					
Street	Euromane parties de la companya del companya de la companya del companya de la co				
City					
State ZIP Code + 4					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.			
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Trade Name, if any:	000000000000000000000000000000000000000		dennenosemosemosemosemosemosemosemosemosemosem		
P.O. Box, Bldg., Room No., if any			поставления		
Street	11.b. Approximate dollar valu	ue of such dealing.			
City	12.a. Nature of interest held	d or income received.			
State ZIP Code + 4	N/A				
	12.b. Amount.				
	12.0.7 4.104.11.		European variables and a contract contr		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		•		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. ATTENDING BUSINES.	S MEETING FOR THE	E UNDER FLOOR		
Name NATIONAL ENERGY MANAGEMENT INS. COMM.	\$	DISTRIBUTION TASK FORCE. LOGDING, DINNER, BREAKFAST/BREAKS. THRU THE YEAR 2004			
Trade Name, if any: SHEET METAL WORKERS					
P.O. Box, Bldg., Room No., if any SUITE 250	Approximation of the contract		og en announce.		
Street 601 NORTH FAIRFAX STREET	on and contraction		чисоманичеству		
City ALEXANDRIA	- Addressed Constitution of the Constitution o		arradination vivie		
State Virginia ZIP Code + 4 22314		zo garancusus commo esta sesta esta esta esta esta esta est			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		\$541		

Name of Person Filing CHARLES HENSON	File Number U -				
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8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name	imironary				
Trade Name, if any:	a. Labor Organization b. Trust				
P.O. Box, Bldg., Room No., if any	c. Employer				
Street	Language of Employer				
City					
State ZIP Code + 4					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name	N/A	anoma me			
Trade Name, if any:		попотальных			
P.O. Box, Bldg., Room No., if any	10000000000000000000000000000000000000	acceptance of the second secon			
Street	11.b. Approximate dollar value of such dealing.				
City	12.a. Nature of interest held or income received.				
State ZIP Code + 4	N/A				
	12.b. Amount.				
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. A SPONSOR DINNER/CRUISE AT THE CO	NVENTION			
Name MISEROW FINANCIAL		32.0 22.1 2 32.			
Trade Name, if any: SHEET METAL WORKERS	***************************************	TOTAL PROPERTY OF THE PROPERTY			
P.O. Box, Bldg., Room No., if any	DOS TOTAL CONTRACTOR C	1000			
Street	Market State Control of the Control	HIEROGOPOLOGO			
City CHICAGO		geometrical			
State Illinois ZIP Code + 4 60162	THE RESIDENCE AND ADDRESS OF THE PROPERTY OF T				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$226			

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